

<p align="center"><b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b></p>	<b>Application Number</b>	10/682,504
	<b>Filing Date</b>	October 8, 2003
	<b>First Named Inventor</b>	John Strisower
	<b>Title</b>	METHOD, BUSINESS PROCESSES AND APPARATUS FOR REMOTE DATA, IMAGE AND VIDEO COLLECTION, TRANSMISSION AND DISTRIBUTION USING CELLULAR ELECTRONIC SERIAL NUMBER ENABLED DEVICES
	<b>Art Unit</b>	4115
	<b>Examiner Name</b>	Bob R. Chumtaz
	<b>Attorney Docket</b>	027742-000110US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

**20350**

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

I further authorize any of the above-identified practitioners to execute a Statement Under 37 CFR 3.73(b) on my/our behalf to certify the chain of title and establish my/our ownership in the application identified above.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

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☐ Firm or Individual Name

Address

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Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96 submitted herewith or filed on \_\_\_\_\_).

**SIGNATURE of Applicant or Assignee of Record**

Signature	/ John Strisower /	Date	10-09-2008
Name	John Strisower	Telephone	
Title and Company			

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.